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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	2: 103600001		Cľ	TY OR TOW	N ROCKPOR	RT
APPLICATION FOR	R RENEWAL:	Annu	al	LICENSED FOR 2013		
		CLAS	SS			YEAR
LICENSEE NAME:	R.W. EMERSON IN	IN BY THE	SEA LTD.			
DOING BUSINESS	A THE GRAND CAI	FE AT THE I	EMERSON	N INN BY TH	IE SEA	
ADDRESS ONE CA	THEDRAL AVENUE	Ξ				
CITY/TOWN: ROC	CKPORT	STATE:	MA	ZIP CODE:	01966	
MANAGER: COA	TES, S. BRUCETYPI	E OF LICENS	SE:Innholo	der	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
i.	PLEASE ALSO VISIT OUR WEE	SITE AND ENTER	YOUR EMAIL	ADDRESS		
DESCRIPTION OF	LICENSED PREMISI	ES:				
	R AND OUTDOOR S OUNDS USED FOR					
						.
I hereby certify and s	wear under penalties of	of perjury that	t:			
	ed license will be of the	• •		-		
2. the license	ee has complied with a	all laws of the	Common	wealth relating	g to taxes; and	
3. the premis	ses are now open for b	ousiness (If no	ot explain b	pelow)		
CICNED DV						
SIGNED BY:	Individual, Partner of	or Authorized	Corporate	Officer		
DATE:	TELEPHONE	EPHONE NUMBER:		EMPLOYER IDENTIFICATION NUMBER:		
			(Note: NOT Individual Social Security Nur			Security Number)
We the undersigned	d, attest that we are i	n possession	(1) the ce	rtificate requ	ired by Chapt	er 304 of the
	by the building insp			_		
	certificate of liquor li	ability insur	ance requ	irea by Cnap	oter 116 of the	Acts of 2010.
Please Check Below: APPROVED:					NSING AUTH	ORITY
DISAPPROVED:			Е	By:		
(If disapproved expla	 iin)		-			
			=			
			-			
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 103600006		CITY OR TOWN RO	CKPUKI
APPLICATION FOR RENEWAL:	Annual	LICENSED 1	FOR 2013
	CLASS		YEAR
LICENSEE NAME: 7TH WAVE,IN	C		
DOING BUSINESS A 7TH WAVE F	RESTAURANT		
ADDRESS 7 TUNA WHARF			
CITY/TOWN: ROCKPORT	STATE: MA	ZIP CODE: 019	966
MANAGER: KHAN,TALIA	ΓΥΡΕ OF LICENSE: Res	taurant CATEC	ORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION OF LICENSED PREI	MISES:		
UPSCALE CASUAL DINING RESTA	AURANT ON THE HAI	RBOR	
I hereby certify and swear under penal	ties of perjury that:		
1. the renewed license will be	of the same type for the	same premises now licens	sed;
2. the licensee has complied v	vith all laws of the Comn	nonwealth relating to taxe	s; and
3. the premises are now open	for business (If not expla	in below)	
SIGNED BY:			
	ner or Authorized Corpo	rate Officer	
DATE.			
DATE: TELEPH	ONE NUMBER:		TIFICATION NUMBER:
		(Note: NOT Individual	Social Security Number)
We the undersigned, attest that we	are in possession (1) the	e certificate required by	Chapter 304 of the
Acts of 2004, signed by the building	inspector and the head	of the fire department	for the above named
license and (2) the certificate of liqu	or liability insurance r	equired by Chapter 116	of the Acts of 2010.
Please Check Below:		LOCAL LICENSING	AUTHORITY
APPROVED:		By:	
DISAPPROVED:		•	
(If disapproved explain)			
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 103	500012		CITY OR TOWN	ROCKPOR	.1	
APPLICATION FOR REN	NEWAL:	Annual	LICEN	ISED FOR 20)13	
		CLASS			YEAR	
LICENSEE NAME: YC	MANAGEMENT,LI	LC				
DOING BUSINESS A YA	ANKEE CLIPPER IN	N				
ADDRESS 127 GRANITE	E STREET					
CITY/TOWN: ROCKPO	RT ST	TATE: MA	ZIP CODE:	01966		
MANAGER: BATRES,	TINA TYPE OF	LICENSE: Rest	aurant C	ATEGORY:	All Alcohol	
EMAIL ADDRESS:						
PLEASE	E ALSO VISIT OUR WEBSITE A	ND ENTER YOUR EM	AIL ADDRESS		-	
DESCRIPTION OF LICE	NSED PREMISES:					
16 ROOM INN WITH EX	ISTING RESTAURA	ANT ON THE O	OCEAN			
I hereby certify and swear	under penalties of per	jury that:				
1. the renewed lice	ense will be of the sar	ne type for the	same premises nov	v licensed;		
2. the licensee has	s complied with all law	vs of the Comm	onwealth relating	to taxes; and		
3. the premises are	e now open for busine	ess (If not expla	in below)			
SIGNED BY:						
	ividual, Partner or Au	thorized Corpor	ate Officer			
	,,					
DATE:				D 10 10 10 10 10 10 10 10 10 10 10 10 10	Y0111411411	
DATE:	TELEPHONE NUI	EPHONE NUMBER:		EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)		
			(Note: NOT III	uiviuuai 30ciai 3	ecurity Number)	
We the undersigned, atte	est that we are in pos	ssession (1) the	certificate requir	ed by Chapt	er 304 of the	
Acts of 2004, signed by t						
license and (2) the certifi	cate of liquor liabilit	ty insurance re	quired by Chapte	er 116 of the	Acts of 2010.	
Please Check Below:			LOCAL LICEN	SING AUTHO	ORITY	
APPROVED:			By:			
DISAPPROVED:						
(If disapproved explain)			-			
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 103600013		CITY OR TOWN	ROCKPOR	RT
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 20)13
	CLASS			YEAR
LICENSEE NAME: ROCKPORT MUSIC	, INC.			
DOING BUSINESS A				
ADDRESS 37 MAIN STREET				
CITY/TOWN: ROCKPORT	STATE: MA	ZIP CODE:	01966	
MANAGER: HERLITZ,KAREN TYPE	OF LICENSE: Rest	caurant C.	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WEBS	ITE AND ENTER YOUR EM	AIL ADDRESS		_
DESCRIPTION OF LICENSED PREMISES	S:			
NEW THREE STORY PERFORMANCE C BASEMENT, 330-SEAT AUDITORIUM, A STREET. PARKING IS BY SPECIAL ARE SHUTTLE AVAILABLE FROM A TOWN	AND FUNCTION H RANGENENT AT I	IALL. FOUR EXIT NEIGHBORING B	TS LEAD TO SUSINESS, V	VITH
I hereby certify and swear under penalties of	perjury that:			
1. the renewed license will be of the	e same type for the s	same premises now	licensed;	
2. the licensee has complied with al		•	o taxes; and	
3. the premises are now open for bu	siness (If not explain	in below)		
SIGNED BY: Individual, Partner or	· Authorized Corpor	rate Officer		
DATE: TELEPHONE	NUMBER:			TION NUMBER: ecurity Number)
We the undersigned, attest that we are in Acts of 2004, signed by the building inspelicense and (2) the certificate of liquor lia	ector and the head	of the fire depart	ment for the	above named
Please Check Below:		LOCAL LICENS	SING AUTHO	ORITY
APPROVED:		By:		
DISAPPROVED:				
(If disapproved explain)				



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ON PREMISES LICENSE RENEWAL APPLICATION

MBER: 103600015		CITY OR TOWN ROC	KPORT
N FOR RENEWAL:	Annual	LICENSED F	OR 2013
	CLASS		YEAR
AME: BLUE LOBS	TER GRILLE, LLC		
NESS A			
DOCK SQUARE			
ROCKPORT	STATE: MA	ZIP CODE: 0190	56
MCCARTHY, MAURA E.	TYPE OF LICENSE:R	estaurant CATEGO	ORY: All Alcohol
RESS:			
PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
N OF LICENSED PR	EMISES:		
premises are now ope	n for business (If not exp	olain below)	; and
TELEP	HONE NUMBER:		TIFICATION NUMBER: Social Security Number)
signed by the building	ng inspector and the he	ad of the fire department f	or the above named
ow:		LOCAL LICENSING A	UTHORITY
		By:	
· CAPIUIII)			
	N FOR RENEWAL: AME: BLUE LOBS' NESS A DOCK SQUARE ROCKPORT MCCARTHY, MAURA E. RESS: PLEASE ALSO VISITOR N OF LICENSED PR OF THREE STORY T. MAIN ACCESS AR and swear under pen renewed license will be licensee has complied premises are now ope Individual, Pa TELEP resigned, attest that we signed by the building the certificate of license of licen	N FOR RENEWAL: CLASS AME: BLUE LOBSTER GRILLE, LLC NESS A DOCK SQUARE ROCKPORT STATE: MA MCCARTHY, TYPE OF LICENSE:R MAURA E. RESS: PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR N OF LICENSED PREMISES: R OF THREE STORY WOOD STRUCTURE. T. MAIN ACCESS ABUTTING DOCK SQU R. And swear under penalties of perjury that: renewed license will be of the same type for the licensee has complied with all laws of the Compremises are now open for business (If not exp Individual, Partner or Authorized Corp TELEPHONE NUMBER: Signed, attest that we are in possession (1) the signed by the building inspector and the head) the certificate of liquor liability insurance one. ED:	N FOR RENEWAL: CLASS AME: BLUE LOBSTER GRILLE, LLC NESS A DOCK SQUARE ROCKPORT STATE: MA MCCARTHY, TYPE OF LICENSE:Restaurant MAURA E. RESS: PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS N OF LICENSED PREMISES: R OF THREE STORY WOOD STRUCTURE. THE FIRST FLOOR IS A OT. MAIN ACCESS ABUTTING DOCK SQUARE. EMERGENCY EXIT R. And swear under penalties of perjury that: renewed license will be of the same type for the same premises now license licensee has complied with all laws of the Commonwealth relating to taxes premises are now open for business (If not explain below) Individual, Partner or Authorized Corporate Officer TELEPHONE NUMBER: EMPLOYER IDENTIFY (Note: NOT Individual: Signed, attest that we are in possession (1) the certificate required by Chapter 116 of the certificate of liquor liability insurance required by Chapter 116 of the certificate of liquor liability insurance required by Chapter 116 of the certificate of liquor liability insurance required by Chapter 116 of the certificate of liquor liability insurance required by Chapter 116 of the certificate of liquor liability insurance required by Chapter 116 of the certificate of liquor liability insurance required by Chapter 116 of the certificate of liquor liability insurance required by Chapter 116 of the certificate of liquor liability insurance required by Chapter 116 of the certificate of liquor liability insurance required by Chapter 116 of the certificate of liquor liability insurance required by Chapter 116 of the certificate of liquor liability insurance required by Chapter 116 of the certificate of liquor liability insurance required by Chapter 116 of the certificate of liquor liability insurance required by Chapter 116 of the certificate of liquor liability insurance required by Chapter 116 of the certificate of liquor liability insurance required by Chapter 116 of the certificate of liquor liability insurance required by Chapter 116 of the certificate of liquor liability insurance required by Chapter 116 of the cer